

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017313

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4827

FILED MAY 9 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN **ST. LOUIS, MO.**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY

OR TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

ST. LOUIS CITY HOSP. #1

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

7509 Michigan ave.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

JOHN

Middle

D.

Last

AGURKIS

4. DATE OF DEATH

Month

5

Day

1

Year

63

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-24-1877

9. AGE (last birthday)

85

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Molder Retired

10b. KIND OF BUSINESS OR INDUSTRY

Liberty Foundry

11. BIRTHPLACE (City and state or country)

Lithuania

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Anthony Agurkis

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Anna Webb

Address

4350 Seibert ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertensive Cardiovascular Disease

DUE TO (c)

443X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Small Bowel Obstruction & Adhesions

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **4/25/63**

to **5/1/63**

and last saw her alive on **5/1/63**

Death occurred at **4:35 PM**

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Mary Zimmerman M.D.

22b. ADDRESS

1515 LAFAYETTE AVE.

22c. DATE SIGNED

5/1/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

5-4-63

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olive Cemetery

23d. LOCATION (City, town, or county)

3900 Mt. Olive Rd. Lemay, Mo.

(State)

24. FUNERAL DIRECTOR

C. Hoffmeister Mortuaries

ADDRESS

7814 S. Broadway

25. DATE RECD. BY LOCAL REG.

MAY 3 1963

26. REGISTRAR'S SIGNATURE

Paul Smith. M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Mary C. Zimmerman, M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Eric C. Dranson

Licensed Embalmer No. 4764

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.